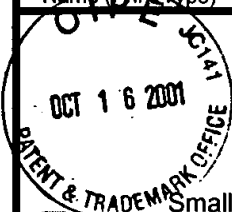


1725

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print Type) Martha Cisneros Signature  Date 10-03-2001



TRANSMITTAL

☐ Small Entity

☒ Large Entity

Application Number 09/863,215  
Confirmation Number 9634  
Filing Date May 22, 2001  
First Named Inventor Beste  
Examiner Unassigned  
Group Art 1725  
Attorney Docket No. AERX070DIV

ENCLOSED:

☒ Preliminary Amendment

☐ 37 CFR §

☒ Pages 5

Claims

Total

Independent

Multiple

No. of claims as  
filed or after  
amendment

2

1

Most claims  
previously  
paid for

20

3

RECEIVED  
OCT 19 2001

TC 1700

# Extra Claims

Rate

Totals

\$ -

\$ -

\$ -

Total Extra Claim Fees

☐ Applicants Petition for  
an Extension of time  
from \_\_\_\_\_  
to \_\_\_\_\_

A \_\_\_\_\_ month extension was previously  
filed and paid for thereby reducing the  
basic fee

Fee

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

Fee

☐ Executed Declaration

Pages

Surcharge Fee

☐ Other

Fee

Fee

Fee

Fee

Subtotal \$ -

☒ Information Disclosure Statement

☒ PTO Form 1449

Pages

1

☒ AL Copies of Cited References

☐ Other

Fee

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

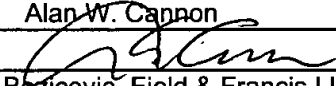
☐ Paper Copy of Sequence Listing

Pages

☐ Diskette in computer-readable format

☐ Other

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	_____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	_____	Fee _____
<input type="checkbox"/> Reply Brief	Pages	_____	Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		<b>TOTAL FEES \$ -</b>	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>			
Name (Print/Type)	Alan W. Cannon		Registration No. 34,977
Signature			Date 10/3/01
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231

Application No. 09/863,215 Attorney Docket No. AERX070DIV Page 2 of 2